

Hebron Senior Center Registration Form

Name _____ Date _____

Street Address _____ Town _____

Mailing address if different from Street Address _____

State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Preferred Number Home _____ Cell _____

Date of Birth _____ E-Mail Address _____

Please add me to the e-mail list for the monthly newsletter Yes _____ No _____

Emergency Contact Person(s) _____ Relation _____

Emergency Contact Number(s) _____

In the event of an emergency are there any medical conditions first responders need to be aware of: _____

Allergies _____

Programs that interest you;

___ Instructor Led Exercise ___ Instructor Led Crafts (Types of crafts) _____

___ Self-Led Group Craft Projects (types of crafts) _____

Cards (type) _____ Board Games (type) _____

___ Discussion Groups (Movie Review, Ted Talks, Book Club) _____

___ Lunch & Learns ___ Special Event Lunches (\$7-10 range) ___ Exercise Equipment ___ BINGO

___ Community Cafe Lunch ___ Mah Jongg ___ Cooking Demos ___ Corn Hole ___ Movies/Shows

___ Speakers (Topics) _____

___ Special Multi-Week Instructor Led Programs (i.e. Moving For Better Balance, Aging Mastery)

___ Local Travel Outings (Places) _____

___ Zoom Programs ___ Hiking/Walking Groups ___ Video Exercise Programs

Interests not listed _____
